

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-029844

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 370

Primary Registration District No. 370 6255

Registrar's No. 89

FILED AUG 13 1962

1. PLACE OF DEATH a. COUNTY WAYNE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WAYNE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HIRAM		c. CITY OR TOWN HIRAM	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last FRANK KARL ENSOR		4. DATE OF DEATH Month Day Year AUG 5 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/27/1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICIAN		11. BIRTHPLACE (City and state or country) PEBRIA ILL	
13a. FATHER'S NAME MARION ENSOR		13b. MOTHER'S MAIDEN NAME MARTHA BROWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. ELsie ENSOR	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Tumor DUE TO (b) Cerebral Anoxia DUE TO (c) Cerebral Thrombosis PART II. OTHER PREEXISTING CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in Part I (e.g.) Arteriosclerotic Heart, Tuberculosis, Senile Bronchitis		INTERVAL BETWEEN ONSET AND DEATH 12 HR. 24 HR. 48 HRS	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1-20-59 to 8-1-62 and last saw him alive on 8-1-62 Death occurred at 2:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Do not use title) Dr. Martin O. Moore	
23a. BURNAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 8-8-62	
23c. NAME OF CEMETERY OR CREMATORY WESLEY CHAPEL		23d. LOCATION (City, town, or county) (State) HIRAM MO	
24. FUNERAL DIRECTOR GISH		25. DATE RECD. BY LOCAL REG. Aug. 11, 1962	
26. REGISTRAR'S SIGNATURE Walter M. Ward			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

VS 300
Rev. 4/59

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12 90-2
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USE BLACK INK
OR
TYPEWRITER RIBBON

SEP 5 1962

SEP 20 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by me, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marvin E. Bouck

Licensed Embalmer No. 4426

P. O. Address Piedmont, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.